IDAHO DEPARTMENT OF
HEALTH & WELFARE

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BUREAU OF FACILITY STANDARDS
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March 17, 2010

Lindsey Cruz
Preferred Community Homes - Sunset
7091 West Emerald Street
Boise, ID 83704

RE: Preferred Community Homes - Sunset, provider #13G052

Dear Ms. Cruz:

This is to advise you of the findings of the Medicaid/Licensure survey of Preferred Community Homes - Sunset, which was conducted on March 11, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form(s) in the space provided at the bottom of the first page.

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **March 29, 2010,** and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by March 29, 2010. If a request for informal dispute resolution is received after March 29, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,

M. Williams

MONICA WILLIAMS
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MW/mlw

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G052	A. BUILDING _____ B. WING _____	03/11/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - SUNSET	7591 BIRCH LANE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the annual recertification survey. The survey was conducted by: Monica Williams, QMRP, Team Leader Barbara Dern, QMRP Amy Petersen, QMRP Common abbreviations/symbols used in this report are: AQMRP - Assistant Qualified Mental Retardation Professional IPP - Individual Program Plan LPN - Licensed Practical Nurse	W 000	"Preparation and implementation of this plan of correction does not constitute admission or agreement by Sunset Oaks with the facts, findings or other statements as alleged by the state agency dated March 11, 2010. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Sunset Oaks– Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."	
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, record review, and interviews with school personnel and facility staff, it was determined the facility failed to ensure individuals were taught to care for their eyeglasses for 2 of 3 individuals (Individuals #1 and #3) who required eyeglasses for vision. This resulted in individuals' damaging their eyeglasses without plans to teach them to care for such items. The findings include: 1. Individual #1's 8/6/09 IPP stated he was a 17 year old male whose diagnosis included mild	W 436	RECEIVED MAR 30 2010 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Tamasey Creek | Administrator | 3/26/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 436	Continued From page 1 mental retardation. His record included a vision examination, dated 7/9/09, indicating he required eyeglasses. During 2 hours and 20 minutes of observations conducted at the facility on 3/8/10 and 3/9/10, Individual #1 was not noted to wear eyeglasses. However, during an observation at his school on 3/9/10 from 10:05 - 10:53 a.m., Individual #1 was wearing glasses. When asked, Individual #1's teacher stated that he required glasses to read. The teacher stated a separate pair of glasses was maintained at the school due to Individual #1 breaking his glasses at home. During record review, it was noted that Individual #1 had a service program for "Eye Glasses," dated 9/1/09. The program required Individual #1 to hand his glasses to staff following a verbal prompt to prevent breakage during a behavioral episode. However, the program did not include a training component to care for his glasses. During an interview on 3/11/10 from 11:45 a.m. - 1:35 p.m., the LPN and AQMRP both stated Individual #1 repeatedly broke his eyeglasses during behavioral episodes and a current pair of glasses was not available at the facility. Additionally, the LPN stated during above noted interview that Individual #3 broke her glasses during behavioral episodes as well, and she did not have a current pair of glasses available to her. The AQMRP provided the surveyor with Individual #3's service program titled "Eye Glasses," dated 8/15/09. The program required Individual #3 to hand her glasses to staff following a verbal prompt to prevent breakage during a behavioral	W 436	**W 436 483.470(g)(2) SPACE AND EQUIPMENT** The facility will furnish, maintain in good repair and teach the clients to use and to make informed choices about the use of eyeglasses. All client records/assessments were reviewed and as needed formal programs were implemented to address this need. These will be monitored on a monthly basis by the AQMRP/QMRP who will review progress or regression and modify as needed. In addition, each client will be reassessed annually or as needed to assure that such programs are appropriately implemented. At least annually the Assistant to the Regional will perform QMRP book audits with this being one item reviewed within the audit. The QMRP along with the AQMRP will be responsible to assure this occurs. This will be completed by 04/01/2010.	

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W 436	Continued From page 2 episode. However, the program did not include a training component to care for her glasses. The AQMRP stated during the above noted interview, service programs were developed for Individual #1 and #3 but did not include a training component. The facility failed to ensure training plans were developed to teach Individual #1 and #3 to care for their eyeglasses.	W 436		

Bureau of Facility Standards

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MM429	16.03.11.120.11 Equipment and Supplies for Resident Care Equipment and Supplies for Resident Care. Adequate and satisfactory equipment and supplies must be provided to enable the staff to satisfactorily serve the residents. This Rule is not met as evidenced by: Refer to W436.	MM429	**MM 429 16.03.11.120.11 EQUIPMENT AND SUPPLIES FOR RESIDENT CARE** Please Refer to W 436 RECEIVED MAR 30 2010 FACILITY STANDARDS	

Bureau of Facility Standards

Lindsey Cruz — LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Administrator

(X6) DATE: 3/26/10